

## APPLICATION DATA SHEET

### **Application Information**

Application Type:: Regular  
Subject Matter:: Utility  
Sequence Submission:: Paper  
Computer Readable Form (CRF)?:: Yes  
Number of copies of CRF:: 1  
Title:: Diagnosis and Treatment of Vascular Disease

Attorney Docket Number:: MMI-003

Request for Early Publication?:: No

Request for Non-Publication?:: No

Total Drawing Sheets:: 117

Small Entity?:: No

Petition included?:: No

Secrecy Order in Parent Appl.?:: No

### **Applicant Information**

Applicant Authority Type:: Inventor

Primary Citizenship Country:: US

Status:: Full Capacity

Given Name:: Jeanette

Middle Name::

Family Name:: McCarthy

City of Residence:: San Diego

State or Province of Residence:: CA

Country of Residence:: US

Street of mailing address:: 3625 Dupont Street

City of mailing address:: San Diego

State or Province of mailing address:: CA

Country of mailing address:: US  
Postal or Zip Code of mailing address:: 92106

**Applicant Information**

Applicant Authority Type:: Inventor  
Primary Citizenship Country:: US  
Status:: Full Capacity  
Given Name:: George  
Middle Name::  
Family Name::  
City of Residence:: Daley  
Weston

State or Province of Residence::

MA

Country of Residence::

US

Street of mailing address::

50 Young Road

City of mailing address::

Weston

State or Province of mailing address::

MA

Country of mailing address::

US

Postal or Zip Code of mailing address::

02193

**Applicant Information**

Applicant Authority Type:: Inventor  
Primary Citizenship Country:: US  
Status:: Full Capacity  
Given Name:: Stacey  
Middle Name::

Family Name::

Bolk

City of Residence::

West Roxbury

State or Province of Residence::

MA

Country of Residence::

US

Street of mailing address::

202 Baker Street #1

City of mailing address::

West Roxbury

State or Province of  
mailing address:: MA  
Country of mailing address:: US  
Postal or Zip Code of mailing  
address:: 02132

**Correspondence Information**

Correspondence Customer  
Number:: 000959

**Representative Information**

<b>Representative Customer Number:</b>	000959
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**Domestic Priority Information**

<b>Application:</b>	<b>Continuity Type:</b>	<b>Parent Application:</b>	<b>Parent Filing Date:</b>
This Application	Non-Provisional of	60/317,033	09/04/01
This Application	Non-Provisional of	60/330,248	10/17/01

**Assignee Information**

Assignee name:: Millennium Predictive Medicine, Inc.  
Street of mailing address:: 75 Sidney Street  
City of mailing address:: Cambridge  
State or Province of mailing  
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